

Peds	LOC	Subset	SI/ S/* S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Critical	PIC	SI	Laboratory Findings / Chemistry/Hematology	Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
Peds	Critical	PIC	SI	Clinical Findings	Asthma / Wheezing, ≥ One: PEF < 40% , ≥ One:	Add: PEF values are not mandatory if one or more of the required elements are met or severe risk factors are present.
Peds	Critical	PIC	SI	Clinical Findings	Asthma / Wheezing, ≥ One: PEF 40-69% and severe risk factors	Add: PEF values are not mandatory if one or more of the required elements are met or severe risk factors are present.
Peds	Critical	PIC	SI	Clinical Findings	Bleeding, active, ≥ One: Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
Peds	Critical	PIC	SI	Clinical Findings	Hemodynamic instability, ≥ One: Infectious disease, ≥ One: Blood / CSF culture (+) for bacteria / fungus / protozoa	Add: Includes positive cultures of wounds, permacaths, PICC line tips or other implantable devices.
Peds	Critical	PIC	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One: Respiratory interventions ≥ 3-4x/24h, ≤ 3d	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Peds	Critical	PIC	IS	≥ One IS	Anti-infectives ≥ 2 drugs and T > 102°F PR	Change: Anti-infective ≥ 1 drug and T > 102°F PR. Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Critical	PIC	IS	≥ One IS	Bronchodilators / Nebulized epinephrine at least q1-2h / continuous	Mucomyst; Xopenex may be given 4x/24h.
Peds	Critical	PIC	IS	≥ One IS	IV medication administration, Both: Titration, One:	Add: Titration is not required.
Peds	Critical	PIC	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Peds	Critical	PIC	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Critical	PIC	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Critical	PIC	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Critical	PIC	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Critical	PIC	*IS	≥ Three *IS	Oxygen ≥ 35%	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 3.5 L/min via nasal cannula is equal to 35%.

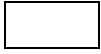
Peds	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Critical	C-SRG/TR	SI	Clinical Findings	Bleeding, active, ≥ One: Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
Peds	Critical	C-SRG/TR	IS	≥ One IS	Anti-infectives ≥ 2 drugs and T > 102°F PR	Change: Anti-infective ≥ 1 drug and T > 102°F PR. Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Critical	C-SRG/TR	IS	≥ One IS	External ventricular lumbar drainage	Change: External ventricular or lumbar drainage
Peds	Critical	C-SRG/TR	IS	≥ One IS	IV medication administration, Both: Titration, One:	Add: Titration is not required.
Peds	Critical	PIC	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Peds	Critical	PIC	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Critical	C-SRG/TR	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Critical	C-SRG/TR	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Critical	C-SRG/TR	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Critical	C-SRG/TR	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions q3-4h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.

Peds	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Intermed	IC-PEDI	SI	Clinical Findings	Neurologic disorder and hemodynamic stability w/o progressive neurologic deficits, ≥ One :	Add: Hemodynamic stability is not required to assess the necessity of inpatient treatment but is required to assess discharge indicators.
Peds	Intermed	IC-PEDI	SI	Clinical Findings	Post operative ≤ 3d and hemodynamic stability, ≥ One :	Add: Hemodynamic stability is not required to assess the necessity of inpatient treatment but is required to assess discharge indicators.
Peds	Intermed	IC-PEDI	SI	Clinical Findings	Respiratory distress and hemodynamic stability, ≥ One :	Add: Hemodynamic stability is not required to assess the necessity of inpatient treatment but is required to assess discharge indicators.
Peds	Intermed	IC-PEDI	SI	Clinical Findings	Sepsis syndrome / SIRS and hemodynamic stability, ≥ Two :	Add: Hemodynamic stability is not required to assess the necessity of inpatient treatment but is required to assess discharge indicators.
Peds	Intermed	IC-PEDI	SI	Clinical Findings	Syncope / Presyncope and hemodynamic stability, ≥ One :	Add: Hemodynamic stability is not required to assess the necessity of inpatient treatment but is required to assess discharge indicators.
Peds	Intermed	IC-PEDI	SI	Clinical Findings	Trauma and hemodynamic stability, ≥ One :	Add: Hemodynamic stability is not required to assess the necessity of inpatient treatment but is required to assess discharge indicators.
Peds	Intermed	IC-PEDI	IS	≥ One IS	Anti-infectives ≥ 2 drugs, ≤ 2d	Change: Anti-infective ≥ 1 drug, ≤ 2d. Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Intermed	IC-PEDI	IS	≥ One IS	Bronchodilators / Epinephrine by nebulizer ≥ q3h	Add: Xopenex may be given 4x/24h.
Peds	Intermed	IC-PEDI	IS	≥ One IS	IV medication administration, Both : Titration, One :	Add: Titration is not required.
Peds	Intermed	IC-PEDI	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One :	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Peds	Intermed	IC-PEDI	IS	≥ One IS	Volume expanders and systolic BP, ≥ One :	Add: excludes KVO rate
Peds	Intermed	IC-PEDI	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Intermed	IC-PEDI	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Intermed	IC-PEDI	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Intermed	IC-PEDI	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Intermed	IC-PEDI	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions ≤ q5-8h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.

Peds	LOC	Subset	S/ S/* S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Nursery	NIC Level III	IS	≥ One IS	Anti-infectives ≥ 2 drugs, ≥ One:	Change: Anti-infective ≥ 1 drug. Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Nursery	NIC Level III	IS	≥ One IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Nursery	NIC Level III	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Nursery	NIC Level III	DS		Establish pattern of weight gain	Established pattern of weight gain is a weight gain of 20-30 g/D for 7 days. Grace days may be applied until this criterion is met.
Peds	Nursery	NIC Level III	IS	≥ One IS	External ventricular lumbar drainage	Change: External ventricular or lumbar drainage

Peds	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Nursery	Special Care Level II	IS	≥ One IS	Anti-infectives, ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Nursery	Special Care Level II	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Nursery	Special Care Level II	*IS	≥ Three *IS	Diuretics (PO)	Add: Any medication that requires at least PO administration may be given IV or via a more intensive route.
Peds	Nursery	Special Care Level II	DS		Establish pattern of weight gain	Established pattern of weight gain is a weight gain of 20-30 g/D for 7 days. Grace days may be applied until this criterion is met.

Peds	LOC	Subset	SI/IS/IS or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Nursery	Newborn Level I	IS	≥ One IS	Anti-infectives, ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Nursery	Newborn Level I	DS	Home / OP, All:	T 97.8-99.5 PR maintained in open crib	Temp stability should be documented for 3 days prior to discharge of infants. This 3-day countdown begins the actual day of transfer to the open crib. Grace days may be applied for up to 3 days when no other clinical issues apply.
Peds	Nursery	Newborn Level I	DS		Established pattern of weight gain	Established pattern of weight gain is a weight gain of 20-30 g/D for 7 days. Grace days may be applied until this criterion is met.



			S/ S/* S or DS			
Peds	LOC	Subset		Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Nursery	Transitional Care	IS	≥ One IS	Anti-infectives ≤ 3x/24h	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Nursery	Transitional Care	DS	Home / OP, All:	Established pattern of weight gain	Established pattern of weight gain is a weight gain of 20-30 g/D for 7 days. Grace days may be applied until this criterion is met.

Peds	LOC	Subset	SI/ S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	CV/PV	SI	Imaging Findings	Pulmonary edema / Heart failure	Image findings that reveal cardiomegaly and fluid in or around the heart/lung area, when patients present with SOB or dyspnea is indicative of CHF.
Peds	Acute	CV/PV	IS	≥ One IS	DVT treatment, One:	Add: Approve for arterial thrombus with Heparin, Lovenox or Fragmin.
Peds	Acute	CV/PV	IS	≥ One IS	DVT treatment, One: LMWH ≤ 3d , Unfractionated heparin ≤ 5d	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as unfractionated heparin ≤ 5d. Add: Fragmin
Peds	Acute	CV/PV	IS	≥ One IS	IV fluids, ≥ One: Active vomiting	Add: Active diarrhea.
Peds	Acute	CV/PV	IS	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	CV/PV	IS	≥ One IS	PO medication adjustment ≤ 2d , ≥ One:	Add: Any medication that requires at least PO administration may be given IV or via a more intensive route. Catapres patch may be used in place of a PO medication in this criteria point.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	CV/PV	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	CV/PV	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

Peds	LOC	Subset	S/ S/* S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	CNS/MS	IS	≥ One IS	Anticonvulsants and active seizures	Add: Active seizures not required if IV only , unable to tolerate PO or subtherapeutic levels
Peds	Acute	CNS/MS	IS	≥ One IS	EEG, continuous ≤ 2d	This criterion may be applied for a total of three days rather than two.
Peds	Acute	CNS/MS	IS	≥ One IS	IV fluids, ≥ One : Active vomiting	Add: Active diarrhea.
Peds	Acute	CNS/MS	IS	≥ One IS	IV fluids, ≥ One : NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

Peds	LOC	Subset	S/ S/* S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	END	IS	≥ One IS	IV fluids, ≥ One : Active vomiting	Add: Active diarrhea.
Peds	Acute	END	IS	≥ One IS	IV fluids, ≥ One : NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	END	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	END	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	END	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	END	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	END	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	END	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	END	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FIO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	END	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Peds	Acute	END	DS	Home / OP, Both:	Clinical stability, ≥ One : Lab values w/in acceptable ranges, ≥ One : Na 135-145 mEq/L	Apply consecutive grace days for Na less than or equal to 120 until the Na is above 120. Then you must refer to Peer Clinical Reviewer (PCR).

Peds	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	ENT	IS	≥ One IS	Anti-infective(s), ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	ENT	IS	≥ One IS	Anti-infective(s), ≥ One : ≥ 2 anti-infectives	Change: ≥ 1 anti-infective.
Peds	Acute	ENT	IS	≥ One IS	Anti-infective(s), ≥ One : ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Peds	Acute	ENT	IS	≥ One IS	IV fluids, ≥ One : Active vomiting	Add: Active diarrhea.
Peds	Acute	ENT	IS	≥ One IS	IV fluids, ≥ One : NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	ENT	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	ENT	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	ENT	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	ENT	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	ENT	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	ENT	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	ENT	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	ENT	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

Peds	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	GI	SI	Clinical Findings	Abdominal pain, severe / increasing, ≥ One : Acute pancreatitis / cholecystitis on imaging	Add: Pancreatitis confirmed by diagnostic lab or imaging and not tolerating solid food.
Peds	Acute	GI	IS	≥ One IS	IV fluids, ≥ One : Active vomiting	Add: Active diarrhea.
Peds	Acute	GI	IS	≥ One IS	IV fluids, ≥ One : NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	GI	IS	≥ One IS	Lactulose PO / PR, One : NH ₃	Add: With mental status changes due to elevated NH ₃ , disregard >120.
Peds	Acute	GI	IS	≥ One IS	Volume expanders and Hct < 30% / Hb < 10.0 g/dL	Add: excludes KVO rate
Peds	Acute	GI	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	GI	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	GI	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	GI	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	GI	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	GI	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	GI	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	GI	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Peds	Acute	GI	DS	Home / OP, Both:	Clinical stability, ≥ One : Lab values w/in acceptable ranges, ≥ One : Na 135-145 mEq/L	Apply consecutive grace days for Na less than or equal to 120 until the Na is above 120. Then you must refer to Peer Clinical Reviewer (PCR).

Peds	LOC	Subset	SI/ S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	HEM/ONC	SI	Laboratory Findings / Hematology	Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
Peds	Acute	HEM/ONC	IS	≥ One IS	Blood products, ≥ One : Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
Peds	Acute	HEM/ONC	IS	≥ One IS	IV fluids, ≥ One : Active vomiting / NPO ≤ 2d	Add: Active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	HEM/ONC	IS	≥ One IS	Volume expanders and Hct < 30% / Hb < 10.0 g/dL	Add: excludes KVO rate
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

Peds	LOC	Subset	S/ S/* S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	ID	SI	Skin / Surgical	Cellulitis, ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Peds	Acute	ID	SI	General	Culture / Smear / Latex agglutination (+) for bacteria / fungi / protozoa / TB	Add: Includes positive cultures of wounds, permacaths, PICC line tips or other implantable devices.
Peds	Acute	ID	SI	General	Systemic / Organ infection confirmed / suspected, ≥ One:	WBC below 3,000 and above 15, 000
Peds	Acute	ID	SI	General	Toxic appearing, One:	Add: Does not require toxic appearance if one of the criteria points is present.
Peds	Acute	ID	SI	Cardiac / Respiratory	Pulmonary infiltrate (pneumonia), ≥ One: ANC < 1000/cu.mm	Change: ANC ≤ 1500/cu.mm.
Peds	Acute	ID	SI	Cardiac / Respiratory	Pulmonary infiltrate (pneumonia), ≥ One: Immunocompromised host / Chronic ventilator dependent	Add: Includes patients with active cancer, diabetes, Cystic Fibrosis or Sickle Cell Anemia.
Peds	Acute	ID	IS	≥ One IS	Anti-infectives, ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	ID	IS	≥ One IS	Anti-infectives, ≥ One: ≥ 2 anti-infectives	Change: ≥ 1 anti-infective.
Peds	Acute	ID	IS	≥ One IS	Anti-infectives, ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Peds	Acute	ID	IS	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d / Active vomiting	Add: Active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	ID	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	ID	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	ID	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	ID	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	ID	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	ID	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	ID	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	ID	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Peds	Acute	ID	DS	Home / OP, Both:	Clinical stability, Both: GI / GU / GYN, ≥ One: Abscess resolving	Patients with confirmed intra-abdominal abscess, not meeting criteria on day 3, may receive one grace day for the 3rd day of anti-infective treatment.

Peds	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	OB-ANTE	SI	High Risk Obstetrics	Bleeding > 1 pad/h in 2nd / 3rd trimester	Bleeding resulting in decreasing H&H requiring monitor at least daily
Peds	Acute	OB-ANTE	SI	High Risk Obstetrics	Preeclampsia (BP ≥ 140/90), ≥ Two:	Preeclampsia is considered to be when either the systolic BP is greater than or equal to 140 OR the diastolic is greater than or equal to 90.
Peds	Acute	OB-ANTE	SI	High Risk Obstetrics	Preterm labor and gestation 20-37 completed wks, Both:	Patients diagnosed, as incompetent cervix, who are between 20-37 weeks gestation, with current cervical change and require bed rest will automatically meet this criterion.
Peds	Acute	OB-ANTE	SI	High Risk Obstetrics	Preterm labor and gestation 20-37 completed wks, Both:	
Peds	Acute	OB-ANTE	SI	High Risk Obstetrics	Contractions ≤ q10 min for ≥ 30 sec for ≥ 1h	Change: Contractions of any frequency (delete ≤ q10 min).
Peds	Acute	OB-ANTE	IS	≥ One IS	Anti-infectives, ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	OB-ANTE	IS	≥ One IS	DVT treatment, One:	Add: Approve for arterial thrombus with Heparin, Lovenox or Fragmin.
Peds	Acute	OB-ANTE	IS	≥ One IS	DVT treatment, One: LMWH ≤ 3d, Unfractionated heparin ≤ 5d	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as unfractionated heparin ≤ 5d. Add: Fragmin
Peds	Acute	OB-ANTE	IS	≥ One IS	IV fluids ≥ 125 mL/h, ≥ One:	Change: IV fluid rate ≥ 100 mL/h, or ≥ 75 mL/h if patient requires cautious rehydration due to comorbidity.
Peds	Acute	OB-ANTE	IS	≥ One IS	IV fluids ≥ 125 mL/h, ≥ One: NPO ≤ 2d / Active vomiting	Add: Active diarrhea; NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	OB-ANTE	IS	≥ One IS	Preterm labor, ≥ One: Tocolytics (initial)	Add: Tocolytics are not required to be initial dose.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

Peds	LOC	Subset	SI/ S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	OB/GYN/GU	SI	Obstetrics / At Term ≥ 38 Weeks / Induction		Add: Including delivery outside the hospital within 24 hours of presentation.
Peds	Acute	OB/GYN/GU	IS	≥ One IS	Anti-infectives, ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	OB/GYN/GU	IS	≥ One IS	Hemodialysis / Peritoneal dialysis (initial course) ≤ 7d	The initial course refers to initiation of dialysis in a patient who has never received this service. This criterion could be either peritoneal dialysis performed daily or Hemodialysis performed 3 times per week. Anti-infective treatment while on the initial course of Hemodialysis might also be QOD instead of daily.
Peds	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, ≥ One : Active vomiting	Add: Active diarrhea.
Peds	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, ≥ One : NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	OB/GYN/GU	IS	≥ One IS	Post C-section care ≤ 4d / Post NSVD ≤ 2d	Add: Including delivery outside the hospital within 24 hours of presentation.
Peds	Acute	OB/GYN/GU	IS	≥ One IS	Volume expanders and Hct < 30% / Hb < 10.0 g/dL	Add: excludes KVO rate
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

Alabama Medicaid
Agency to modify
provider manual to
reflect this organizational
policy.

Peds	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	RSP	SI	Clinical Findings	Asthma / Wheezing, Both: PEF 40-69% and unimproved after, ≥ One:	Add: PEF values are not mandatory if one of the required elements is met and significant risk factors are present.
Peds	Acute	RSP	SI	Imaging Findings	Pulmonary edema / Heart failure	Image findings that reveal cardiomegaly and fluid in or around the heart/lung area, when patients present with SOB or dyspnea is indicative of CHF.
Peds	Acute	RSP	IS	≥ One IS	IV fluids, ≥ One: Active vomiting	Add: Active diarrhea.
Peds	Acute	RSP	IS	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	RSP	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One: Respiratory interventions ≥ 3x/24h	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Peds	Acute	RSP	IS	≥ One IS	Pulmonary embolus treatment, One: LMWH ≤ 3d , Unfractionated heparin ≤ 5d	Arixtra may be used as LMWH ≤ 3d ; Argatroban may be used as unfractionated heparin ≤ 5d . Add: Fragmin
Peds	Acute	RSP	IS	≥ One IS	Respiratory medication by nebulizer at least q4h / IV, ≥ One:	Add: Mucomyst; Xopenex may be given 4x/24h.
Peds	Acute	RSP	IS	≥ One IS	Volume expanders and Hct < 30% / Hb < 10.0 g/dL	Add: excludes KVO rate
Peds	Acute	RSP	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	RSP	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	RSP	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	RSP	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	RSP	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h , long acting ≥1x/24h
Peds	Acute	RSP	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	RSP	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	RSP	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

Peds	LOC	Subset	S/ S/* S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	SKIN	IS	≥ One IS	Burn therapy, ≥ One : Complex wound care	Complex wound care is considered to be any burn wound care requiring oral or parenteral analgesia for patients < 12 years old appropriate for the inpatient setting and this criteria point may be applied, with the exception of simple(basic) wound care.
Peds	Acute	SKIN	IS	≥ One IS	IV fluids, ≥ One : Active vomiting	Add: Active diarrhea.
Peds	Acute	SKIN	IS	≥ One IS	IV fluids, ≥ One : NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	SKIN	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	SKIN	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	SKIN	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	SKIN	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	SKIN	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	SKIN	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	SKIN	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	SKIN	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

Peds	LOC	Subset	SI/ S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	SRG/TR	SI	Clinical Findings	Elective surgery / invasive procedure, ≥ One : Designated inpatient setting and performed same day as admission	Delete: "and performed same day as admission." Use this criteria point starting with the day the elective surgery / invasive procedure is performed; Add: Sickle Cell Anemia and Cystic Fibrosis patients-Prior to surgery for IV hydration.
Peds	Acute	SRG/TR	SI	Clinical Findings	Trauma and hemodynamic stability, ≥ One :	
Peds	Acute	SRG/TR	IS	≥ One IS	Anti-infectives, ≥ One :	Add: Anti-infective ≥ 1 drug. Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	SRG/TR	IS	≥ One IS	IV fluids, ≥ One : Ileus / NPO ≤ 2d	NPO is considered applicable when it is an active treatment / therapy within the patient's plan of care. This point cannot be applied when the patient is NPO for testing or procedures.
Peds	Acute	SRG/TR	IS	≥ One IS	Post surgical care, One : Short stay review ≤ 24h	Surgical I&D is considered a short stay review. Bedside I&D does not meet this criterion.
Peds	Acute	SRG/TR	IS	≥ One IS	Post trauma monitoring and surgery planned ≤ 24h	This criteria point may be applied for trauma patients that meet SI in this subset. Pending surgery is not required.
Peds	Acute	SRG/TR	IS	≥ One IS	Progressive activity (PT / OT), ≤ 24h and home discharge expected:	This criterion may be applied for the 1st 24 hours of PT or OT type services provided by nurses or therapists for those individuals with pre-morbid medical or physical impairments, or prolonged hospitalizations that result in impairment of ADLs and mobility. However, many patients that receive these therapies will demonstrate they are safe for discharge that same day, prior to 8PM.
Peds	Acute	SRG/TR	IS	≥ One IS	Volume expanders and Hct < 30% / Hb < 10.0 g/dL	Add: excludes KVO rate
Peds	Acute	SRG/TR	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	SRG/TR	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	SRG/TR	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	SRG/TR	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	SRG/TR	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	SRG/TR	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	SRG/TR	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	SRG/TR	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Peds	Acute	SRG/TR	DS	Home / OP	Clinical stability, ≥ One : Post Surgery last 12h , All : PO fluids / diet tolerated	One grace day may be given to colon surgery patients who have not tolerated a soft diet.

Peds	Acute	SRG/TR	DS	Home / OP, Both:	Clinical stability, ≥ One : Surgical complications resolved, ≥ One : Na 135-145 mEq/L	Apply consecutive grace days for Na less than or equal to 120 until the Na is above 120. Then you must refer to Peer Clinical Reviewer (PCR).
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Peds	LOC	Subset	S/I S/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	TRANSPLT	IS	≥ One IS	Anti-infectives, ≥ One :	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	TRANSPLT	IS	≥ One IS	Anti-infectives, ≥ One : ANC < 1000/cu.mm	Change: ANC ≤ 1500/cu.mm.
Peds	Acute	TRANSPLT	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One : Respiratory interventions ≥ 3-4x/24h, ≤ 3d	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this criteria point.
Peds	Acute	TRANSPLT	IS	≥ One IS	Volume expanders and systolic BP < 100	Add: excludes KVO rate
Peds	Acute	TRANSPLT	*IS	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.
Peds	Acute	TRANSPLT	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	TRANSPLT	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Acute	TRANSPLT	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	Mucomyst and/or Xopenex administered may be counted towards this criterion.
Peds	Acute	TRANSPLT	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
Peds	Acute	TRANSPLT	*IS	≥ Three *IS	Dialysis / Ultrafiltration	Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.
Peds	Acute	TRANSPLT	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.
Peds	Acute	TRANSPLT	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.